



Progress Report

Department of Criminal Justice Services
1100 Bank Street
Richmond, Virginia 23219

Grantee:		Grant Number:	
Project Title:		Date of Report:	
Grant Period:	To	Final Report?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (Click the appropriate box)
Date Project Completed: N/A	Report Period Ending 12/31 <input type="checkbox"/> 6/30 <input type="checkbox"/>		
Project Administrator:		Project Director:	

This report is a mandatory requirement of the Department of Criminal Justice Services. The information you provide enables DCJS to review and assess workload and operational issues at your agency and assist DCJS in providing support to all agencies in the Commonwealth. Unless otherwise indicated, report only on activities that occurred during the reporting period. Please respond to all questions. Do not upload any monthly reports or serious incident reports to GMIS.

I. Performance

Please complete the following tables for this reporting period. If necessary, provide narrative at the end.

PRETRIAL ☐ N/A

Defendants Investigated by Risk Level		
From Section I.#2 of the Praxis	N	%
Low 2.A		
Below Average 2.B		
Average 2.C		
Above Average 2.D		
High 2.E		
Total		

Praxis Concurrence Rate: Staff Recommendations (Section I.#7)		
Consistent with Praxis	N	%
Yes 7.A		
No 7.B		

Court Decision (Section II.#3)		
Consistent with Staff Recommendation	N	%
Yes 3.A		
No 3.B		

Defendants Placed on Pretrial Supervision (Section III. #2)		
Bond Type	N	%
Recognizance/Unsecured 2.A + 2.B		
Secured 2.C		
Total		

Defendants Placed on Pretrial Supervision (Section I.#2)		
VPRAI Risk Level	N	%
Low		
Below Average		
Average		
Above Average		
High		

Pretrial Supervision Outcomes (Section V)		
	N	%
Appearance Rate*		
Public Safety Rate**		

* Appearance Rate = (Total closed V.I - FTA V.3.A)/ Total closed V.I

** Public Safety Rate = (Total closed V.I – New Arrests V.3.B)/ Total closed V.I

PROBATION – from the Community Corrections Act Monthly Report

Placements on Probation	Misdemeanor		Felony	
	Reporting period	YTD	Reporting period	YTD
Total probationers placed Section I #3*				
Total placements Section III #3**				

* Total number of probationers placed

** Total court placements (not probationers)

Misdemeanor Placements on Probation	Class 1 & 2 Misd.		Other Misd.	
	Reporting period	YTD	Reporting period	YTD
With a deferred judgment Section IV #3 & #7				
With a suspended sentence Section IV #1 & #5				
Without a suspended sentence Section IV #2 & #6				
Other, Section IV #4 & #8				

Felony Placements on Probation	Class 5 & 6 Felony		Other Felony	
	Reporting period	YTD	Reporting period	YTD
With a deferred judgment Section IV #3 & #7				
With a suspended sentence Section IV #1 & #5				
Without a suspended sentence Section IV #2 & #6				
Other, Section IV #4 & #8				

Probationers Screened (M-OST/OST Completion Report or Probation Risk Assessment Completion Report)				
MOST Risk Level	Reporting Period	%	YTD	%
Low (<2)				
Needs OST				
Total				

Probationers Assessed (M-OST/OST Completion Report or Probation Risk Assessment Completion Report)				
OST Risk Level	Reporting period	%	YTD	%
Low				
Medium				
High				
Total				

Case Planning [ticket #12732submitted to calculate these numbers]				
	Reporting period	%	YTD	%
Number of Probationers for whom a case plan should be developed*				
• Number Developed				
• Number Not Developed**				

* This includes the number of probationers that score medium and high on the OST scores (see M-OST/OST Completion Report or Probation Risk Assessment Completion Report)

** List reasons that the case plan has not been completed including any attempts that were taken to develop case plans for those probationers who are eligible:

Probation Supervision Outcomes								
	Reporting period		%		YTD		%	
From Section III of the Monthly Report	Misd	Felon	Misd	Felon	Misd	Felon	Misd	Felon
Successful 4.A								
New Felony Charge or Conviction 4.B.1								
New Misd Charge or Conviction 4.B.2								
Technical Violation 4.B.3								

II. Agency Activities and Resources for sustaining and advancing practices, operations & learning. In order to facilitate DCJS' ability to provide technical assistance to agencies, it is helpful to know what training or learning activities you and your staff have participated in that may be worth sharing.

1. OPERATIONS AND PRACTICES

A. Training/Learning

1. List the relevant trainings or conferences that agency staff attended during this reporting period (DCJS, VCCJA, NAPSA, NIC, etc.).
2. List any internal trainings conducted by agency staff to support and strengthen the knowledge, skills and abilities that are critical in sustaining, promoting and advancing evidence based practices.
3. List any relevant external trainings agency staff have attended that were conducted by external sources to support and strengthen the knowledge, skills and abilities that are essential to sustaining, promoting and advancing evidence based practices.

B. LEBP and/or EBP strategies and activities

Describe activities, programs or initiatives in place (in-house or in the community) to advance LEBPs and EBPs to address criminogenic needs or improve pretrial court appearance rates or promote public safety. This includes but is not limited to coaching, learning teams, Carey Guides, Brief Intervention Tools (BITS), etc.

C. Quality Assurance

1. Describe the systems or processes and procedures your agency has in place to ensure fidelity in risk assessment, case supervision, and programming.
2. Describe areas of strength or strategies that you have used to improve areas that present challenges. Include a plan for improvement for challenges.

D. Non-PTCC Technical Assistance (all PTCC related technical assistance must be sent to PTCCHELP@dcjs.virginia.gov)

1. Technical Assistance from DCJS

- a. Did you receive any new technical assistance from DCJS not related to PTCC? ☐ YES ☐ NO

If yes, please report on the status of the technical assistance:

- b. Do you have any outstanding or ongoing technical assistance requests or issue(s) not related to PTCC that you have already reported to DCJS which are still unresolved? ☐ YES ☐ NO

If yes, please describe:

2. Technical Assistance from other sources

a. Did you receive any new technical assistance from outside sources?

☐ YES ☐ NO

If yes, list and briefly describe any technical assistance provided by consultants or other agencies, related to your agency operations or services received during this reporting period:

b. Was this reported to your CCJB?

☐ YES

☐ NO

2. FUNDING

Describe any new funding your agency has requested, applied for, or been awarded or received during this reporting period that involves/impacts your agency's operations or services.

3. AWARDS

A. Describe any awards or press coverage received by your agency or staff related to your grant or agency activities during this reporting period.

B. What other relevant information would you like to share with DCJS about exceptional agency accomplishments during this reporting period or innovative strategies in place for next quarter?

III. Community Criminal Justice Board (CCJB)

1. Did your Community Criminal Justice Board (CCJB) meet during this reporting period?

☐ YES, please attach minutes from the meeting (s)

- When did the meeting(s) occur?
- Was there a quorum? ☐ YES ☐ NO
- Did your agency present information on operations, practices or outcomes to the CCJB? ☐ YES ☐ NO

☐ NO, please explain why and what, if any, barriers prevented meeting:

2. If minutes are not available, list the new CCJB projects or activities during this reporting period:

3. List any new collaborative activities between your CCJB and other groups during this reporting period:

IV. Are there any other activities that occurred during this reporting period you would like to provide information on at this time:

1. Follow up to Serious Incident Reports:
2. Staffing issues:
3. Other:

Subgrant Financial Report for Project Income

Department of Criminal Justice Services

1100 Bank Street, 11th Floor

Richmond, Virginia 23219

This form is to be used only by grantees in reporting income from grant activities. See attached detailed instructions for completing this form.

Subgrantee	Grant Number
Grant Period	Prepared By Date
Type of Report	Project Activity During:
Quarterly Ending[] Final[no]	1st qtr <input type="checkbox"/> 2nd qtr <input type="checkbox"/> 3rd qtr <input type="checkbox"/> 4th qtr <input type="checkbox"/>

1. CASH BALANCE

Beginning of Quarter G. _____

2. RECEIPTS (INCOME) BY SOURCE

Intervention/supervision fees _____

Other (specify): _____

Other (specify): _____

TOTAL RECEIPTS H. _____

3. EXPENDITURES (IF ANY)*

Personnel _____

Supplies & Operating _____

Travel _____

Equipment _____

Consultant/Professional Services _____

Other (Specify) _____

TOTAL EXPENDITURES I. _____

4. CASH BALANCE

End of Quarter Balance (G+H-I) J. _____

* The above expenditures were made for criminal justice purposes. Yes No

If any portion of these expenditures were for other activities, please attach a description of those activities.

Signature _____

Project Director/Finance Director

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Other (Specify) _____

TOTAL EXPENDITURES I. _____

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Signature _____

Project Director/Finance Director